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
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Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0032
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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No. | TIVO0064 |
| | First Inventor or Application Identifier | Barton |
| | Title | Method for Enhancing Digital Video Recorder Television |
| | Express Mail Label No. | EL540886278US |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 | |
| <p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <p>* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p> | | <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
| ACCOMPANYING APPLICATION PARTS | | |
| <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: _____</p> | | |
| <p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____/_____</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> | | |
| 17. CORRESPONDENCE ADDRESS | | |
| <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 (Insert Customer No. or Attach bar code label here)</p> <p>or <input type="checkbox"/> Correspondence address below</p> | | |
| Name | _____ | |
| Address | _____ | |
| City | _____ | |
| State | _____ | |
| Zip Code | _____ | |
| Country | _____ | |
| Telephone | _____ | |
| Fax | _____ | |

| | | | |
|-------------------|---|-----------------------------------|----------|
| Name (Print/Type) | Michael A. Glenn | Registration No. (Attorney/Agent) | 30,176 |
| Signature |  | Date | 12/18/00 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

| FEE TRANSMITTAL for FY 1999 | | Complete if Known | |
|--|--|----------------------|------------------------------|
| | | Application Number | Unassigned |
| Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28. | | Filing Date | Herewith |
| | | First Named Inventor | Barton |
| | | Examiner Name | Unassigned |
| | | Group / Art Unit | Unassigned |
| TOTAL AMOUNT OF PAYMENT (\$) | | 475.00 | Attorney Docket No. TIVO0064 |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) |
|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 50-1240 Deposit Account Name: TiVo, Inc. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 | 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | 105 130 205 65 Surcharge - late filing fee or oath |
| FEE CALCULATION | |
| 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid | |
| 101 760 201 380 Utility filing fee 355.00 | |
| 106 310 206 155 Design filing fee | |
| 107 480 207 240 Plant filing fee | |
| 108 760 208 380 Reissue filing fee | |
| 114 150 214 75 Provisional filing fee | |
| SUBTOTAL (1) (\$) 355.00 | |
| 2. EXTRA CLAIM FEES Total Claims 13 - 20** = 0 X Fee from below 9.00 = 0.00 Independent Claims 5 - 3** = 2 X 40.00 = 80.00 Multiple Dependent <input type="checkbox"/> = <input type="checkbox"/> **or number previously paid, if greater; For Reissues, see below Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid | |
| 103 18 203 9 Claims in excess of 20 | |
| 102 78 202 39 Independent claims in excess of 3 | |
| 104 260 204 130 Multiple dependent claim, if not paid | |
| 109 78 209 39 ** Reissue independent claims over original patent | |
| 110 18 210 9 ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) 80.00 | |
| * Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00 | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|------------------|-----------------------------------|--------------|
| Name (Print/Type) | Michael A. Glenn | Registration No. (Attorney/Agent) | 30,176 |
| Signature | | Telephone | 650-474-8400 |
| | | Date | 12/18/00 |

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